



Registration of Provider Organizations (RPO) Training

Initial Registration: Part 1

Presented by:
Massachusetts Health Policy Commission

Massachusetts Hospital Association
5 New England Executive Park
Burlington, MA 01803
Thursday, August 14, 2014
10:00am – 12:00pm

Outline

1. Background on HPC and the RPO Program

2. *Initial Registration: Part 1*

- Who
- What
- When
- How

3. Preview of *Initial Registration: Part 2*

4. Questions

Who We Are

- The Massachusetts Health Policy Commission (HPC) is an independent state agency created by Chapter 224 of the Acts of 2012.
- HPC monitors the reform of the health care delivery and payment systems in Massachusetts and develops health policy to reduce overall cost growth while improving the quality of patient care.
- HPC is responsible for implementing the Registration of Provider Organizations Program.

Program Establishment

- The Registration of Provider Organizations (RPO) program was created by Chapter 224 of the Acts of 2012.
- The program is established by M.G.L c. 6D § 11 and 12 and regulation 958 CMR 6.00.
- Provider Organizations subject to the law must apply for registration every two years.
- The program will gather information about a Provider Organization's operational structure and functioning to help the Commonwealth better understand the organization of its health care delivery system.

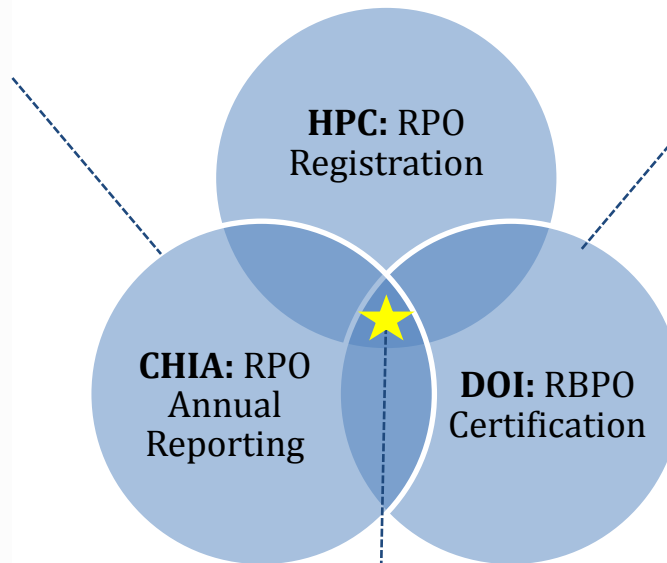
Program Background

- The RPO Program will create a new database of Massachusetts Provider Organizations by collecting information about their operations and structure.
- In Year 1, the Initial Registration process will prioritize collecting information on:
 - Ownership
 - Contracting relationships
 - Clinical affiliations
 - Facilities/sites
 - Physician Rosters
- Each Provider Organization's registration status will be posted on the HPC's website as a resource for the public.
- All data submitted to the RPO Program are subject to the public records law.

Related Programs

CHIA: RPO Annual Reporting

- Required annually for all entities that register with HPC
- Builds off database created through HPC registration process
- Focused on financial conditions, organizational structure, business practices and market share of each registered Provider Organization



Although separate programs, the three agencies are working together to create alignment and non-duplication.

DOI: RBPO Certification

- Required annually for entities that have Alternative Payment Contracts with Downside Risk
- Seeks to ensure that the terms of the Risk-Bearing Provider Organization's risk contracts do not threaten its financial solvency
- Status as an RBPO triggers registration with HPC as an RPO



Questions on Background?

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2. ***Initial Registration: Part 1***
 - Who
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Initial Registration

Initial Registration: *The first time a Provider Organization submits an application, which may include one or more parts.*

958 CMR 6.02

Initial Registration

In the first year of the RPO Program, Initial Registration will consist of two parts.

Initial Registration: Part 1 (IR: Part 1)

- Basic information about the Provider Organization and its affiliates
- Information submitted via e-mail, using the appropriate forms and templates.

Initial Registration: Part 2 (IR: Part 2)

- New categories of information including:
 - Facilities/sites
 - Physician roster
 - Clinical Affiliations
- Information submitted via online web portal
- Once completed, the Provider Organization will receive its notice of registration

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Who is Required to Register?

Provider Organizations that:

1. Establish at least one contract with Carriers or TPAs; and

2. Represent one or more Providers that collectively received more than \$25,000,000 in NPSR from Carriers and TPAs in the last FY; and

3. Represent Providers that had a collective Patient Panel of over 15,000; and

4. Establish contracts on behalf of at least one hospital, physician group or Behavioral Health provider.

OR:

5. Are Risk-Bearing Provider Organizations

Who is Required to Register?

958 CMR 6.04: Requirement to Register

(1) The following **Provider Organizations** shall register with the Commission pursuant to 958 CMR 6.00:

- a) A Provider Organization that negotiates, represents, or otherwise acts on behalf of one or more Providers or Provider Organizations, which may include itself, in establishing contracts for the payment of Health Care Services with Carriers or Third-Party Administrators, that collectively: (i) received **\$25,000,000 or more in Net Patient Service Revenue** from Carriers or Third Party Administrators in the prior Fiscal Year; and (ii) had a **Patient Panel of more than 15,000** as of the end of the Provider Organization's prior Fiscal Year; and
- b) A **Risk-Bearing Provider Organization**.

Regulatory Definition

Provider Organization: Any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents one or more Health Care Providers in contracting with Carriers or Third-party Administrators for the payment of Health Care Services; provided that the definition shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations, and any other organization that contracts with Carriers or Third-party Administrators for Health Care Services.

958 CMR 6.02

Key Points

- A Provider Organization may establish contracts on behalf of itself, another Provider or Provider Organization, or both.
- A Provider Organization must engage in contracting with Carriers or TPAs, whether through direct representation, messenger models, or other methods.
- Relevant contracts include those under which the Provider Organization or its affiliates are **paid** for provision of services; contracts established to provide insurance coverage for employees are not included.
- Contracts are not limited to those including Alternative Payment Methods or Downside Risk.

Registration Threshold 1

The Provider Organization contracts on behalf of one or more Providers or Provider Organizations that collectively:

- (i) received \$25,000,000 or more in Net Patient Service Revenue from Carriers or Third Party Administrators in the prior Fiscal Year; **and**
- (ii) had a Patient Panel of more than 15,000 as of the end of the Provider Organization's prior Fiscal Year.

Regulatory Definition

Patient Panel: *The total number of individual patients seen over the course of the most recent complete 36-month period.*

958 CMR 6.02

Key Points:

- The Patient Panel is not limited to those patients for whom a given practitioner or Provider is at risk.

Key Points

- The Provider Organization must meet **both** the NPSR **and** Patient Panel minimums in order to trigger registration under Registration Threshold 1.
- To calculate its NPSR, the Provider Organization should sum the **total** NPSR from Carriers and TPAs received by each organization on whose behalf it contracts, whether owned or not owned.
- The Provider Organization should **not** include revenue received by an entity that it owns but on whose behalf it does not contract.
- The Provider Organization should include **all** NPSR received from Carriers and TPAs, regardless of whether the Provider Organization negotiated the contract that generated the revenue.

Registrant Types are Limited in 2014

958 CMR 6.05: Registration

(2) The following Provider Organizations that meet the criteria set forth in 958 CMR 6.04(1) shall begin and complete Initial Registration by no later than the dates specified in the Data Submission Manual:

- (a) A Provider Organization that negotiates, represents or otherwise acts on behalf of one or more Providers or Provider Organizations, which may include itself, that is a physician group, Acute Hospital, rehabilitation hospital, long term acute care hospital, or that provides inpatient or outpatient Behavioral Health Services, to establish contracts for the payment of Health Care Services with Carriers or Third-party Administrators; and*
- (b) A Risk-Bearing Provider Organization.*

Key Points

- The types of Provider Organizations that have to register in 2014 are limited to those that negotiate on behalf of at least one:
 - Hospital (acute, rehabilitation or LTAC)
 - Physician groups
 - Behavioral Health Provider (inpatient or outpatient)
- All RBPOs must register regardless of organization type.
- Provider Organizations that negotiate on behalf of at least one of the three entities listed above **must report on all of their affiliations**, not just their hospitals, physician groups and Behavioral Health providers.

Registration Threshold 2

The Provider Organization is considered a Risk-Bearing Provider Organization by the MA Division of Insurance.

Key Points

- Provider Organizations should use M.G.L. c. 176T and any regulation promulgated thereunder to determine whether they must receive a Transitional Period Waiver, Risk Certificate, or Risk Certificate Waiver from the Division of Insurance.
- Receiving a Risk Certificate Waiver from DOI **does not:**
 - Negate the RBPO's responsibility to register with HPC
 - Imply that the RBPO can file an abbreviated application with HPC
- If you are unsure whether you meet the definition of an RBPO, contact the MA Division of Insurance at: DOI.RBPO@state.ma.us.

Review

Provider Organizations that:

1. Establish at least one contract with Carriers or TPAs; and

2. Represent one or more Providers that collectively received more than \$25,000,000 in NPSR in the last FY from Carriers and TPAs; and

3. Represent Providers that had a collective Patient Panel of over 15,000; and

4. Establish contracts on behalf of at least one hospital, physician group or Behavioral Health provider.

OR:

5. Are Risk-Bearing Provider Organizations

Corporate Affiliation

Corporate Affiliation: Any relationship between two Entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control.

958 CMR 6.02

Corporate Affiliation

Key Points:

- The definition of a Corporate Affiliation:
 - Includes clinical and non-clinical entities
 - Includes partial or complete ownership (e.g., joint ventures)
 - Includes direct or indirect ownership (i.e., multiple levels of ownership within an organization)
 - Does not presume a Contracting Affiliation

Contracting Affiliation

Contracting Affiliation: Any relationship between a Provider Organization and another Provider or Provider Organization for the purposes of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services, including for payment rates, incentives, and operating terms, with a Carrier or Third-party Administrator.

958 CMR 6.02

Contracting Affiliation

Key Points:

- The regulatory definition of a Contracting Affiliation does not differentiate between owned and un-owned entities.
 - However, for the purposes of completing the Contracting Affiliations File: Part 1, Provider Organizations **should not list** their corporate affiliates. There should be **no overlap** between the Contracting Affiliations File and the Corporate Affiliations File.
- The regulatory definition of a Contracting Affiliation does not include directionality.
 - However, for the purposes of completing the Contracting Affiliations File: Part 1, a Provider Organization should only list the entities on whose behalf it contracts.

Contracting Affiliation

Key Points:

- Contracting affiliates are legal entities, not individuals.
 - This may include solo practices, provided the affiliation is with the practice and not physician as an individual.
- If a Provider Organization has only Physician Participation Agreements with individual physicians, rather than contracting on behalf of groups or facilities, it does not need to list each physician as a contracting affiliate.
 - In these cases, the Provider Organization should describe this arrangement in the Description of Provider Organization question of the Background Information file.

Registration Roll-up

958 CMR 6.04: Registration

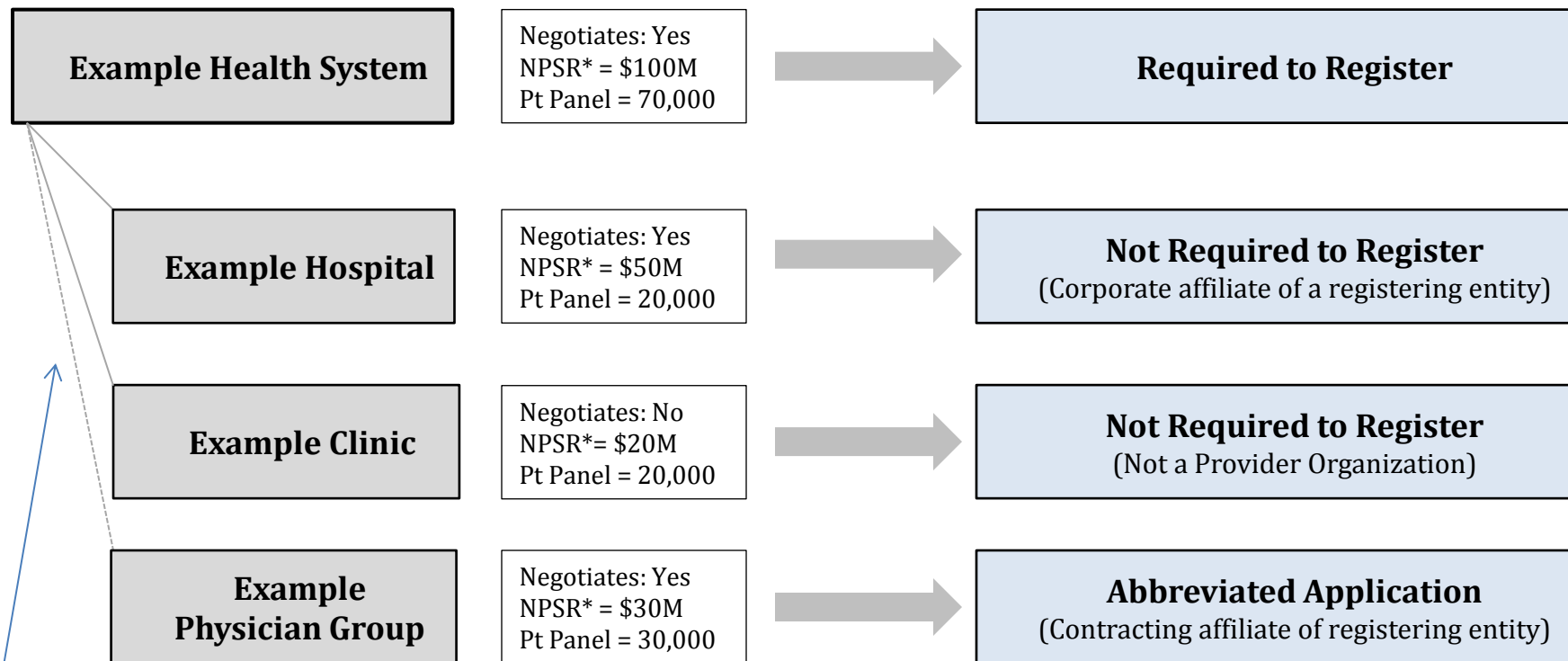
(2) A Provider Organization that meets the criteria for Registration set forth in 958 CMR 6.04(1) and which is partially or completely owned or controlled by another Provider Organization also subject to 958 CMR 6.04(1) shall meet its obligation to register with the Commission through the Registration of Provider Organization that owns or controls it.

(3) A Provider Organization that meets the criteria for Registration set forth in 958 CMR 6.04(1) and on whose behalf another Provider Organization, also subject to 958 CMR 6.04(1), negotiates, represents, or otherwise acts to establish contracts with Carriers or Third-Party Administrators for the payment of Health Care Services, may, at the discretion of the Commission, meet its obligation to register with the Commission through the submission of an abbreviated application for Registration in a format prescribed by the Commission.

Registration Roll-up

- If a Provider Organization that is required to register is the corporate affiliate of another registering Provider Organization, the parent Provider Organization will file the application for registration.
 - The subsidiary does not have to file an application.
 - The parent Provider Organization will report on the subsidiary in its application.
- If a Provider Organization (A) that is required to register is the contracting affiliate of another registering Provider Organization (B), the Provider Organization (A) may file an abbreviated application.
 - Provider Organization B will file a **full application** because it contracts on behalf of Provider Organization A.
 - Provider Organization A will file an **abbreviated application** that will ensure that the two Provider Organizations are not reporting the same information.

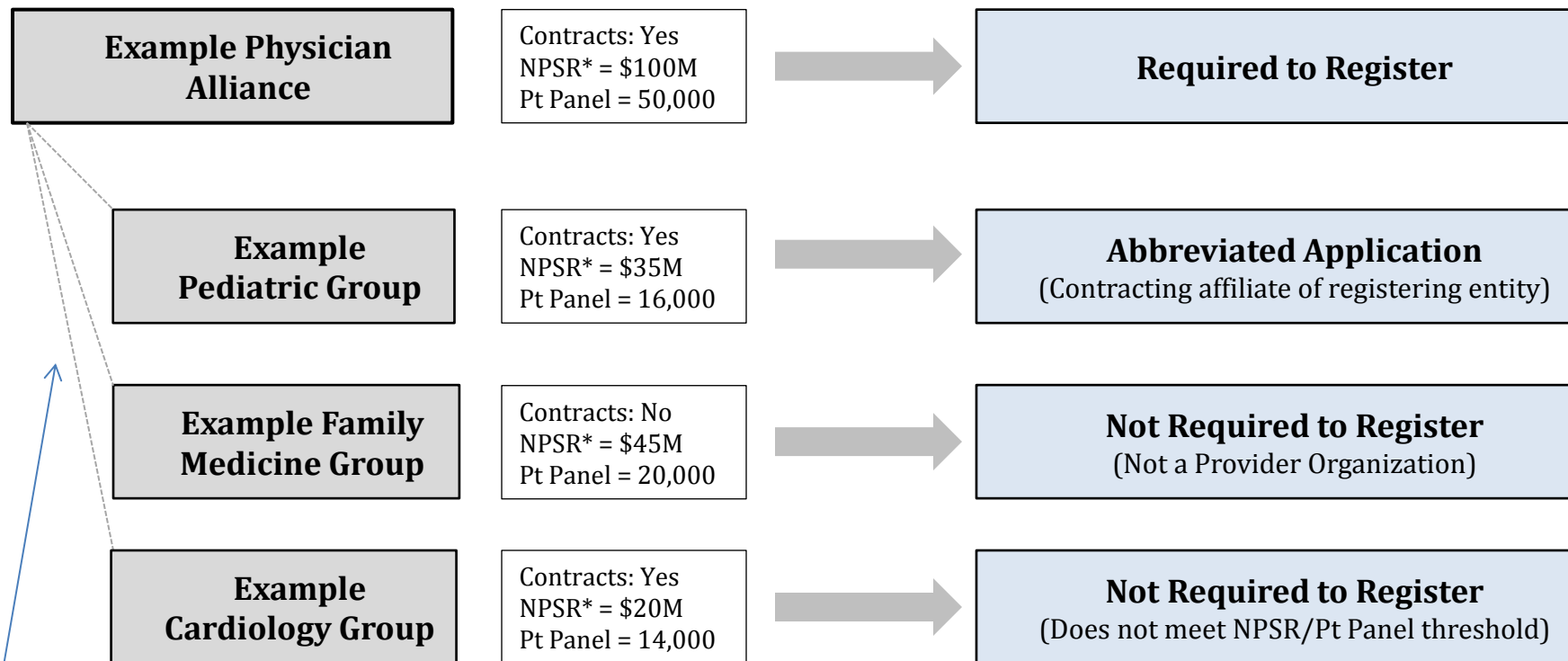
Example 1



Example Health System negotiates at least one contract on behalf of the hospital, the clinic and the physician group. It owns the hospital and the clinic.

*NPSR from Carriers and TPAs

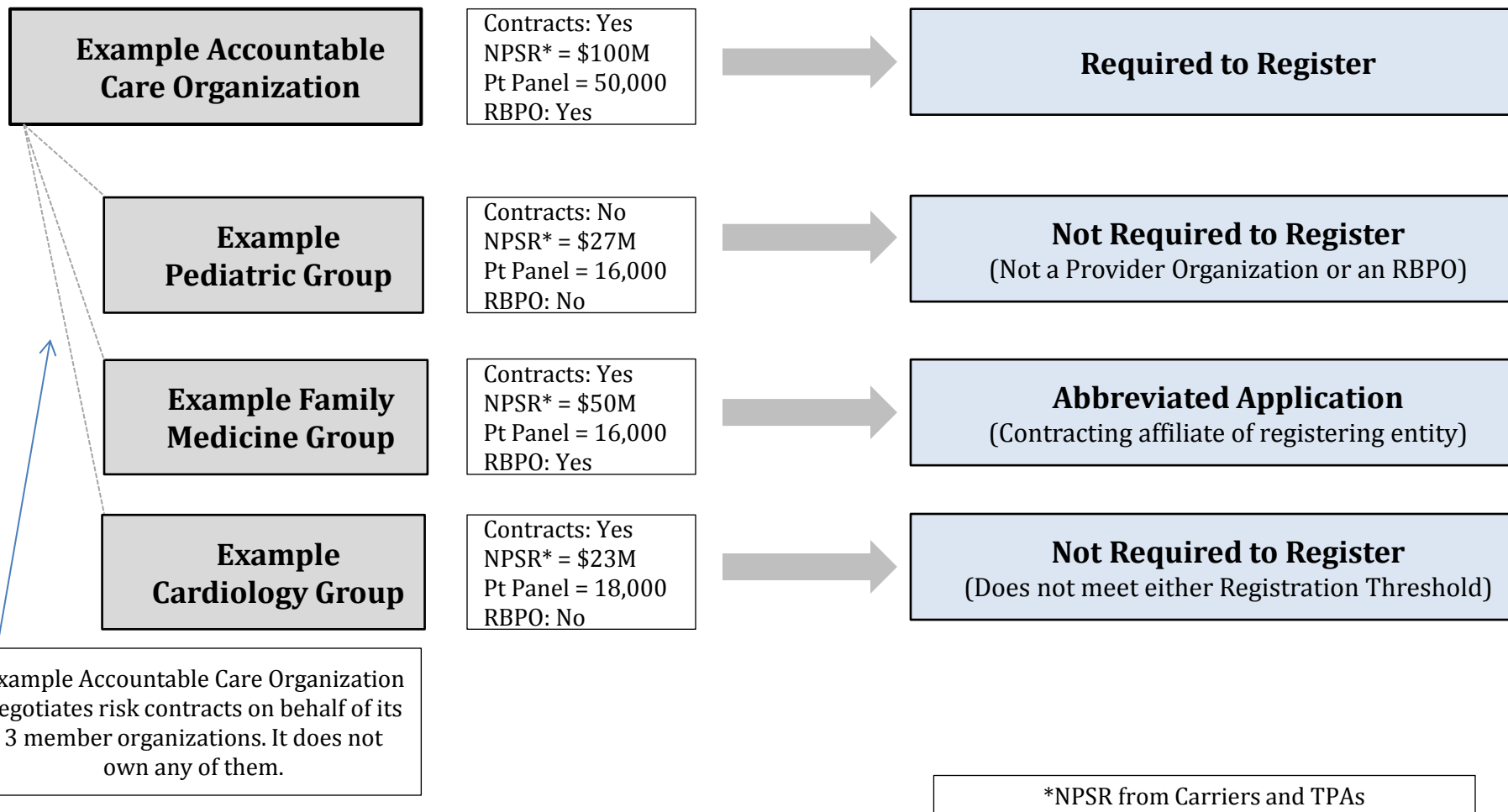
Example 2



Example Physician Alliance negotiates at least one contract on behalf of each medical group. It does not own any of the groups.

*NPSR from Carriers and TPAs

Example 3



Coordinated Applications

- Provider Organizations may coordinate their submission efforts with their contracting affiliates that are also required to register if they wish.

IR: Part 1

- All eligible Provider Organizations must submit the required materials.
- A Provider Organization may prepare the *IR: Part 1* materials on behalf of its contracting affiliate Provider Organization, if it so chooses.
- The Affidavit of Truthfulness must be signed by representatives from the contracting affiliate Provider Organization.

Coordinated Applications

- Provider Organizations may coordinate their submission efforts with their contracting affiliates that are also required to register if they wish.

IR: Part 2

- After receiving *IR: Part 1* materials, HPC will contact both Provider Organizations to determine whether in *IR: Part 2*:
 - They will register independently; or
 - The Provider Organization will report on behalf of the contracting affiliate Provider Organization.
- If they register separately, both Provider Organizations will be given access to the online submission platform.
- If the Provider Organization chooses to report on behalf of the contracting affiliate Provider Organization, it will be given access to its own application and its contracting affiliate's application.



Questions on Who is Required to Register?

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1. Background on HPC and the RPO Program
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Initial Registration: Part 1 Materials

- *IR: Part 1* is designed to collect high-level information about each Provider Organization's structure.
- To complete the *IR: Part 1* process, each Provider Organization must submit the 5 documents listed here.
- Provider Organizations that qualify to file an abbreviated application must submit all of the *IR: Part 1* materials.

<i>IR: Part 1 Materials</i>	
<input type="checkbox"/>	Background Information File: Part 1
<input type="checkbox"/>	Corporate Affiliations File: Part 1
<input type="checkbox"/>	Corporate Organizational Chart
<input type="checkbox"/>	Contracting Affiliations File: Part 1
<input type="checkbox"/>	Affidavit of Truthfulness

Initial Registration: Part 1 Materials

- **All information submitted should reflect the Provider Organization's structure as of the day of filing.**
- If the Provider Organization makes a change (e.g., acquisition) that affects information submitted in *IR: Part 1*, the Provider Organization can update the information in *IR: Part 2*.
 - Provider Organizations are not required to update their RPO data in between *IR: Part 1* and *IR: Part 2*.
 - Provider Organizations **may be required** to submit a Notice of Material Change to the Health Policy Commission pursuant to the Interim Guidance issued on 3/12/2013.
 - Please see the HPC's website for more details.

Background Information File: Part 1

- The Background Information File includes 38 questions about the Provider Organization.
- Download the blank Microsoft Excel template from the Commission's website and complete each of the questions.
- Questions that are not applicable to a Provider Organization should be marked "N/A."
- Several questions have drop-down answers (e.g., Yes/No).

Topic	No. Qs
Name and Contact Information	11
Primary Reporter	13
Background <ul style="list-style-type: none">• Tax Status• Description• NPI/EIN• Corporate Parent	5
Registration Thresholds	3
Intent to File Abbreviated Application	6
Total Questions	38

Background Information File: Part 1

[View Background Information File: Part 1](#)

Corporate Affiliations File: Part 1

- Each Provider Organization will use the Microsoft Excel template to list the entities that it owns or controls.
- For each entity, the Provider Organization will provide:
 - Legal Name
 - D/B/A Name
 - EIN
 - Contracting Affiliation Status (Y/N)
- If a Provider Organization does not have any Corporate Affiliations to list, it should enter “None” in the first row of the template under the column header, “Legal Name of Corporate Affiliate.”

Corporate Affiliations: Part 1

View Corporate Affiliations File: Part 1

Corporate Organizational Chart

- Each Provider Organization will submit a corporate organizational chart. There is no template that Provider Organizations must use.
- The org chart can be created in any software, but must be saved and submitted as a .PDF file.
- The Provider Organization may submit multiple pages/files if necessary, provided that the relation between pages is clear.
- The org chart must:
 - Be accurate as of the day of submission
 - Depict all corporate affiliates, whether clinical or non-clinical, and regardless of level of ownership
 - Depict the Provider Organization's parent corporation(s), if any
 - Depict the level of ownership of each subsidiary, if less than 100%
 - Distinguish between clinical and non-clinical entities
 - Include a key or legend

Contracting Affiliations File: Part 1

- Each Provider Organization will use the Microsoft Excel template to list the entities on whose behalf it contracts – excluding those entities that it owns or controls.
- For each entity, the Provider Organization will provide:
 - Legal Name
 - D/B/A Name
 - EIN
- If a Provider Organization does not have any Contracting Affiliations to list, it should enter “None” in the first row of the template under the column header, “Legal Name of Contracting Affiliate.”

Contracting Affiliations File: Part 1

[View Contracting Affiliations File: Part 1](#)

Affidavit of Truthfulness

- Each Provider Organization will download and complete the Affidavit of Truthfulness form available on the Commission's website.
- The form must be signed by two duly authorized representatives, one of which must be the CEO, COO, CFO or equivalent.
- The Provider Organization can then scan the signed form and include a .PDF file in its submission. Wet signatures are not required.

Meeting Request Forms

- Provider Organizations that still have questions after attending a training session may request a one-on-one meeting with the Commission.
- **One-on-one meetings are not required.**
- The Provider Organization must identify the specific question(s) that it needs addressed on the Meeting Request Form.
- Meetings must be booked at least 2 weeks in advance.
- Meetings will not address *IR: Part 2*.
- To schedule a meeting, submit the Meeting Request Form (available on the Commission's website) to HPC-RPO@state.ma.us. Once HPC has reviewed your form, we will send you a link that you can use to schedule a meeting.



Questions on What Must be Submitted?

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1. Background on HPC and the RPO Program
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Program Deadlines

Action	Deadline
<i>Initial Registration: Part 1 Opens</i>	Wednesday, October 1, 2014 9:00am
Deadline to Submit Meeting Request Form to Commission	Wednesday, October 15, 2014 5:00pm
<i>Initial Registration: Part 1 Closes</i>	Friday, November 14, 2014 5:00pm

Initial Registration Timeline

Initial Registration: 2014 - 2015								
	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
One-on-One Meetings								
Initial Registration: Part 1								
DSM for IR: Part 2 released								
Provider Trainings for Part 2								
Initial Registration: Part 2								
Notices of Registration Issued								

Dates in light blue are approximate

Future Registrants

- If you do not meet Registration Threshold 1 or Registration Threshold 2 currently, it is possible that you may meet the threshold in the future.
- For example, the following actions may cause a Provider Organization to meet one of the Registration Thresholds:
 - Accepting a risk-based contract if you do not hold other risk-based contracts
 - Mergers or acquisitions that cause the Provider Organization's NPSR and/or Patient Panel to increase
 - An increase in patients served that leads to an increase in NPSR and/or Patient Panel
- If you meet the criteria for registration after Initial Registration has begun, you will have 180 days to complete the full Initial Registration process.
- Contact HPC-RPO@state.ma.us immediately for instructions.



Questions on When to Submit Materials?

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How to Submit Materials

- Documents should be saved according to the naming conventions included in the DSM.
 - E.g.: *Background Information File_Part 1_Health Policy Commission*
- Materials should be e-mailed as attachments to the Commission at the following address: HPC-RPO@state.ma.us.
 - Paper or fax submissions will not be accepted
- All files must be submitted in the proper format:

Background File	Excel
Corporate Affiliations File	Excel
Corporate Organizational Chart	.PDF
Contracting Affiliations File	Excel
Affidavit of Truthfulness	.PDF

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Initial Registration: Part 2

Who

- All Provider Organizations that filed an application in *IR: Part 1*

What

- Additional Background information
- Additional details about each corporate and contracting affiliate
- List of all Facilities/Sites
- Physician Roster
- Details about all Clinical Affiliations

Initial Registration: Part 2

When

- Data Submission Manual with complete instructions to be released in late 2014
- Registration expected to begin in 1st Quarter, 2015
- Similar training sessions will be held before registration begins

How

- Data submitted in *IR: Part 1* will be uploaded to the HPC's online registration system
- Provider Organizations will log-in and submit their *IR: Part 2* information through the web portal
- More details coming

Initial Registration: Part 2

- Draft version of the *IR: Part 2* requirements will be shared at HPC committee and Board meetings through the fall.
- HPC will continue seeking input from registering Provider Organizations on the *IR: Part 2* framework.
- All Provider Organizations are welcome to send their thoughts on the *IR: Part 2* requirements to HPC-RPO@state.ma.us.

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Questions?

E-mail HPC-RPO@state.ma.us with additional questions

Helpful Resources

Regulation 958 CMR 6.00

<http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/registration-of-provider-organizations/rpo-recommended-final-regulation.pdf>

Data Submission Manual

<http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/registration-of-provider-organizations/bulletin-hpc-rpo-2014-01-rpo-dsm-july-2014.pdf>

Helpful Information Memo

<http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/registration-of-provider-organizations/registration-of-provider-organizations-program-helpful-information-july2014.pdf>

Forms and Templates

<http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/registration-of-provider-organizations/initial-registration-part-1/>